

*"Among the UK medical schools there is no agreed curriculum of the clinical knowledge or skills expected of undergraduates in primary care."*

### Time for a national undergraduate curriculum for primary care

The attraction — and the challenge — of a career in general practice is its diversity. Previously this has meant that the responsibilities of a GP have been ill defined; to paraphrase John Wayne, 'a GP's got to do what a GP's got to do'. The introduction of the RCGP's Curriculum for Specialty Training for General Practice<sup>1</sup> has been welcome in detailing what is expected of the modern generalist.

GP trainers need clear objectives to ensure they deliver high quality education and specialty trainees require clarity about what they should learn. The RCGP's curriculum provides both these groups with a blueprint for postgraduate training and has also enhanced the standing of the profession by demonstrating the wide range of skills needed to be a member of our specialty.

The RCGP should build on the success of its postgraduate curriculum by creating a national undergraduate curriculum for primary care. Many GP trainees have spent no time in primary care since they were at medical school. Among the UK medical schools there is no agreed curriculum of the clinical knowledge or skills expected of undergraduates in primary care. Other specialties have published their undergraduate national curricula. The GMC's guidance, *Tomorrow's Doctors online (2009)*,<sup>2</sup> which establishes the new framework for medical school teaching, lists 15 such curricula from specialties such as obstetrics and gynaecology and genetics.

What should a national undergraduate curriculum for primary care contain? It would have to demonstrate the knowledge and skills that GPs, as true generalists, need. There are a host of acute and chronic diseases that are managed mainly in primary care, everything from impetigo to hypothyroidism, and we have a duty to teach students about these things. Most cancers are diagnosed in primary care so it is GPs who need to teach students how to spot these cancers at an early stage. The GMC wants more emphasis given to prescribing in the undergraduate curriculum; most prescriptions are written in primary care so

perhaps GPs should take the lead on teaching prescribing. Many undergraduate departments of primary care teach these things but we do not know much about the differences between the curricula of each school. A national undergraduate curriculum should develop as a consensus between all UK schools; we know such agreement is possible because GPs, who have led the way in teaching communication skills to students, published the UK Consensus Statement of the Teaching of Communication Skills.<sup>3</sup>

In order to progress with this proposal, teaching staff at medical schools need to establish stronger links, perhaps through the Society of Academy of Primary Care (SAPC) or the RCGP. Just before he stepped down as Chair of the RCGP, Steve Field, in an email to members, called for the College to re-engage with the academic units. We support this and think that by engaging with the academic units and the SAPC, the RCGP could help to nurture a national undergraduate curriculum. For students who choose a career in general practice, this curriculum should provide a firm foundation for their training. For all other graduates this curriculum should provide them with a sound understanding of the full range of primary care. It is likely that a nationally agreed curriculum will have other spin-offs: facilitating the exchange of good practice between schools and sharing teaching resources and examination questions. Above all, a national undergraduate curriculum for primary care would strengthen the RCGP curriculum and help to prepare our medical students on their journey to become tomorrow's GPs.

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